

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729198

**Entity Name:** RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

691 SNEAD CIRCLE  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

691 SNEAD CIRCLE  
WEST PALM BEACH, FL 33413 US

**FEI Number:** 59-1531254

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARCHMAN, SANDRA J  
691 SNEAD CIR  
WEST PALM BEACH, FL 33413-1250 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name MARCHMAN, JUDY O  
Address 691 SNEAD CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33413

Title PD  
Name MARCHMAN, SANDRA J  
Address 691 SNEAD CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33413-1250

Title D  
Name WILLIAMS, DIANE  
Address 130 DOLAN COURT APT. 106-E  
City-State-Zip: NORTH PALM BEACH FL 33408

Title STD  
Name MARCHMAN, JENNIFER C  
Address 691 SNEAD CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33413

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA J MARCHMAN

P/D

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date